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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE WESTERN DISTRICT OF OKLAHOMA
3 JEFFREY SNYDER, D.O.,
4 an individual,
5 Plaintiff,
6 No. CIV-16-384-F
7 (1) BOARD OF REGENTS FOR THE
8 OKLAHOMA AGRICULTURE & MECHANICAL
9 COLLEGES, EX REL., OKLAHOMA
10 STATE UNIVERSITY CENTER FOR
11 HEALTH SCIENCES, ET AL.,
12 Defendants.

13 DEPOSITION OF RAY HAND, PH.D.
14 TAKEN ON BEHALF OF THE DEFENDANTS
15 ON OCTOBER 18, 2019, BEGINNING AT 9:06 A.M.
16 IN OKLAHOMA CITY, OKLAHOMA

17 APPEARANCES:

18 Appearig on behalf of the PLAINTIFF:

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32 (Appearances continued on next page.)

33 REPORTED BY: Lacy Antle, CSR, RPR

EXHIBIT
1

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1 Q We have what appears to be your report of
2 June 12, 2019?

3 A Yes.

4 Q Looks like another copy of the
5 Professional Practice Guidelines for OMPE, as well
6 as the ethical principles, the report of Dr. Shawn
7 Roberson, the affidavit of merit of Steven Sternlof,
8 Ph.D., then a manila folder containing what appear
9 to be pleadings from this lawsuit. Is this yellow
10 slip of paper a bill, an invoice?

11 A It's a -- yes.

12 Q Then some handwritten notes dated
13 January 8, 2019. Are these your handwritten notes?

14 A They are.

15 Q Okay. I believe that is everything
16 contained in your file.

17 Is that everything you reviewed and relied
18 upon in forming your opinions that you're here to
19 testify about today?

20 A Yes.

21 Q Are there any documents, texts, treatise,
22 textbooks, anything of that sort that you relied
23 upon that is not included in your file that you used
24 in forming your opinions?

25 A Well, I have been a psychologist for 38

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1 years, so...

2 Q So we can't put your personal experience
3 into a red rope, but that's also something you'll be
4 using to testify and you used in your report, is
5 that accurate?

6 A Certainly.

7 Q Okay. I'm going to hand you what I'm
8 going to mark as Exhibit 2 to your deposition, which
9 looks like it was already marked as Exhibit 2 at one
10 point. Can you tell me what that document is?

11 (Exhibit 2 marked for identification.)

12 A That's my resume.

13 Q Also contained in that document -- sorry,
14 on page 10, if you look at the top right, there's
15 page numbers, page 10 of 20, is that your report of
16 June 12, 2019?

17 A It is.

18 Q The first four, yeah, four pages is your
19 CV. Is that CV accurate and up to date?

20 A Yes.

21 Q Page 5 looks like testimony at trial or
22 deposition, looks like in the last four years, is
23 this accurate and up to date?

24 A There may be a couple of things that could
25 be added to this, because I've testified a couple

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1 A Yeah, they gave me a copy of
2 Dr. Sternlof's what's the official...

3 Q I think you have it listed as affidavit of
4 merit?

5 A Right, his affidavit of merit, and asked
6 me if I'd be willing to review documents and see
7 what I thought.

8 Q At any time were you asked to determine
9 whether Dr. Snyder was fit for duty to practice
10 medicine?

11 A No.

12 Q Although you were not asked to do so, have
13 you come to a determination as to whether Dr. Snyder
14 is fit for duty to practice medicine?

15 A I wouldn't be able to make any comment
16 about that, I've never personally evaluated
17 Dr. Snyder.

18 Q Have you ever spoken to Dr. Snyder?

19 A Briefly, on a couple of occasions.

20 Q And what was the purpose of those
21 conversations?

22 A Transferring, giving me some data and
23 discussing with him collecting a fee and giving him
24 my impression of what I saw in the records and
25 discussing briefly that I thought that I could

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1 provide some useful information to his case.

2 Q When you say that he provided some data,
3 what data did he provide?

4 A I think that he brought some of this data
5 that I got. I originally had that data and I'm not
6 sure that he didn't just -- he was the one who
7 brought the data to my office from wherever it came
8 from.

9 Q Just for the record, you're -- when you're
10 referencing "this data," you're pointing toward
11 what's labeled as Exhibit 1 --

12 A Right.

13 Q -- being your file?

14 A Right.

15 Q Your report is dated June 12th, 2019.
16 When were you asked to prepare a report?

17 A Well, there was a change in attorney, so
18 there was a pretty long period of time where nothing
19 happened, and he acquired a new attorney at some
20 point and I eventually explained to him that, as I
21 said, I thought after reviewing the data I thought I
22 could be helpful, I made some contact with the new
23 attorneys to essentially decide whether they wanted
24 me to continue with the case in this kind of a
25 situation, I don't want to get crossways with

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1 someone's lawyers, and somewhere around the first of
2 the year I think that January, very brief note,
3 centered on me telling Dr. Snyder that I could --
4 thought that I could be helpful and it was at some
5 point where I was officially hired and what I don't
6 have, I'd be happy to provide, because I didn't
7 include the billing -- all of the billing data,
8 because there was two receipts and at that point
9 that he brought me a check to hire me to write the
10 report, that's when it happened, so it was some time
11 early this year.

12 Q And you say when he brought you the check,
13 are you referencing Dr. Snyder?

14 A Yeah, correct.

15 Q And so have you been paid by Dr. Snyder,
16 rather than through his attorneys?

17 A Yes.

18 Q You also stated that when speaking to
19 Dr. Snyder you thought that you could be helpful.
20 In what way did you think that you could be helpful?

21 A Well, I thought there were problems
22 Dr. Barnes' report that were important to his matter
23 and talked to -- talked to him about that a little
24 bit and it was at that point when he -- he was okay
25 with it that I, you know, began to make contact with

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1 his lawyer and clarify with them that it was okay
2 and at that point I started spending some time
3 working on the report.

4 Q How long have you been acting as an expert
5 witness?

6 A Since early in my career, probably --
7 let's see, if I've been in practice 38 years,
8 probably 25 or eight years ago. I did -- I've
9 always done evaluations, I've worked with children,
10 and I think the first one I did was an assessment
11 for the Indigent Defense Fund, so that was a long
12 time ago, 25 years.

13 Q As we sit here today, are you still
14 practicing privately?

15 A Yes.

16 Q Okay. And of your work, what percentage
17 is related to being an expert witness and what
18 percentage is related to private practice, providing
19 services for clients or patients?

20 A Well, depends on how you describe expert
21 witness. I mean, in terms of offering information
22 in forensic matters?

23 Q In terms of -- I guess the best way to put
24 it is being retained not to provide therapeutic
25 services, but to give your expert opinion regarding

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1 be my guess.

2 Q Would be the expert work?

3 A Well, yeah, and so assessments, court
4 related things, consultation, maybe less, because I
5 do a lot of assessments for -- I've never really
6 sorted it out, but I do a lot of assessments for
7 adults and children, clinical assessments as well,
8 and I have an active psychotherapy practice, so...

9 Q That's my question, I'm trying to divide
10 between the two, you know, your --

11 A There's some clinical assessments and, you
12 know, I carry a, you know, 12 or 15 individual
13 therapy patients all the time.

14 Q Okay. As it relates to fitness for duty
15 evaluations, how many fitness for duty evaluations
16 have you done in the last five years?

17 A Probably 15 or 18, would be my guess.

18 Q Have you done any this year?

19 A Yes.

20 Q How many have you done this year?

21 A Well, I've -- don't particularly keep
22 count, but three or four, five. It might be more
23 than that, because I do some for police officers who
24 have been involved in shootings, I know I've done
25 five or six of those, plus some other things as

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1 forensic psychology.

2 Q All right. Now, turning to your report,
3 starting at page 10 of 20 in Exhibit 2 -- those are
4 mine.

5 A Yeah. You get that back?

6 Q No, you can keep that one. If you want to
7 reference Exhibit 2, because that's what I'm looking
8 at, is the same thing as Exhibit 2 is.

9 A Is my report in there?

10 Q Your report is on page 10, but if you have
11 notes on one of them in there and you want to
12 reference that one, that's fine by me.

13 A No, it's okay.

14 Q You list the documents reviewed there in
15 those bullet points on page 10 and 11 and who
16 provided you with those documents?

17 A Dr. Snyder, for the most part.

18 Q Is that typical, when you've been retained
19 in a civil matter, to deal primarily with the party,
20 rather than their attorneys?

21 A I'm not sure I could say typical, you
22 know, it kind of depends where things are. This,
23 you know, again, he was the one who is transporting,
24 I think he was trying to save some money -- I'm
25 speculating -- by doing some of the leg work, but

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1 you know, often -- not trying to say often -- but I
2 think, all the civil suits I've been involved with,
3 that many, but, depends, sometimes attorneys will
4 prepare documents and provide them to me.

5 Q In the civil cases that you've been
6 involved in, is it typical to receive payment
7 directly from the party, rather than their attorney?

8 A Seems like, yes, I think more --
9 typically, more often than not.

10 Q These bullet points under Documents
11 Reviewed, is this each and every document that you
12 reviewed and relied on in preparing your report?

13 A Yes, as far as I know, that's what was in
14 the file. It was meant to encompass everything
15 that's here. I'm not sure every specific document
16 is listed.

17 Q On page 12 of your -- of 20 of this
18 document, I keep referring to it as your report but,
19 really, it's your report, as well as your CV and
20 your fee schedule.

21 A Yeah.

22 Q But on page 12 you identify six problem
23 areas of Dr. Barnes' report.

24 A Uh-huh.

25 Q When you refer to them as "problem areas,"

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1 A Again, that is going to be a decision
2 that's made by someone else. I think I typically,
3 throughout my document, refer to the Professional
4 Guidelines for Occupationally Mandated Psychological
5 Evaluations.

6 Q So nowhere in your report do you state
7 that you have an issue with Dr. Barnes as it relates
8 to 2.01 of the Ethical Principles of Psychologists
9 and Code of Conduct, correct?

10 A What I -- yes.

11 Q Thank you.

12 So your report is based on the
13 Professional Practice Guidelines for Occupationally
14 Mandated Psychological Evaluations, correct?

15 A Yes.

16 Q Okay. So going to problem area one that
17 you list, Dr. Barnes' preparation for her
18 evaluation, and you cite guideline 5, I think in
19 your report is page 192, I believe it's actually
20 page 191.

21 A Okay.

22 Q Your report states, "Guideline 5
23 parentheses, page 192, end parentheses, indicates
24 that psychologists should endeavor to understand and
25 meet their responsibilities to the referral source,

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1 the examinee and other relevant parties to the
2 evaluation."

3 That word, "endeavor," what does that
4 mean?

5 A Work toward.

6 Q Is that a requirement? It doesn't say
7 that psychologists are required, does it?

8 A No.

9 Q Now, your report goes on to say that,
10 "Communicating expectations to these parties about
11 the type of information needed for a valid
12 assessment may enhance the relevance and reliability
13 of the information provided, as well as the accuracy
14 of the evaluation."

15 Did I read that correctly?

16 A Yes, you did.

17 Q You state that it "may enhance the
18 relevance." When you say "may," does that mean that
19 it absolutely will in all circumstances?

20 A Of course not, there are no absolutes in
21 psychology.

22 Q Well, there are requirements of the
23 ethical principles, if you violate those, is that
24 not an absolute rule?

25 A Well, those are treated in a very

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1 interesting way that allows for some wiggle room.

2 Q And what -- can you explain that
3 interesting way for me?

4 A There's -- almost all of the ethical
5 principles, specific ethical principles, offer some
6 flexibility from one -- in one matter or another,
7 "depending on," and there's a lot of language in
8 there that suggests some flexibility. The question
9 in my mind is: How much flexibility can be
10 expected? Let me give you an example --

11 Q I think that's a good question. I guess
12 my question would be, where do we get to the point
13 where there's a breach of professional conduct?

14 A I think it can be a specific finding,
15 having -- you know, cheating somebody out of their
16 money, if that can be proved, that's a breach, but
17 it -- in other matters.

18 Q So there are specific instances that would
19 be a violation or a breach of professional conduct
20 under the ethical principles, correct?

21 A Sure.

22 Q Okay.

23 A And there are some that have -- suggest
24 some flexibility.

25 Q Are there portions of the Professional

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1 Practice Guidelines for Occupationally Mandated
2 Psychological Evaluations that absolutely would be a
3 breach of professional conduct if they did not meet?

4 A I think that any set of individual or
5 breaches of -- it's certainly possible -- let me put
6 it this way, it's possible that a failure to meet a
7 guideline characteristic would then lead to and be
8 concurrent with a ethical principle, like
9 competence, for instance.

10 Q So is there anything that Dr. Barnes did
11 or failed to do which, in your opinion, did not meet
12 the professional practice guidelines, which you
13 believe to be a breach of professional conduct?

14 A I think on the whole she made so many
15 mistakes in preparing and putting together this
16 evaluation that she, in my opinion, and it's
17 opinion, didn't do a competent job of preparing for
18 and producing this -- her report.

19 Q And you believe that to be a violation of
20 2.01 of the ethical principles?

21 A That's my opinion.

22 Q Is there a reason you didn't include that
23 in your report?

24 A I was focusing on the guidelines.

25 Q Is there a reason you focused on the

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1 to the board for a disciplinary type hearing based
2 on informed consent?

3 A I specifically don't recall.

4 Q Do you recall what the standard would be,
5 should a psychologist be sent to the board for a
6 disciplinary procedure based on informed consent?

7 A Well, the question would be, was there an
8 informed consent and was it adequate to the specific
9 situation, like in any legal case, it's, you know,
10 tied to the specifics of the situation.

11 Q And is one of the areas of inquiry whether
12 the subject did in fact have knowledge of the
13 various issues that were going to be discussed and
14 how that procedure was going to take place?

15 A It certainly could be.

16 Q Back to your report on page 14 of 20, down
17 there at the bottom, that last sentence states, "It
18 appears that information gathered there," there
19 referring to OSCN, "regarding a traffic ticket
20 played a significant role in her evaluation, report
21 and conclusions."

22 What do you base that statement on?

23 A Well, she talked about it a lot in her
24 report.

25 Q Any other basis for that?

1 A That's a part of my review of her report.

2 Q Moving on to page 15 of 20 of your report,
3 that second full paragraph, it states that, "She
4 specifically stated that any decisions based upon
5 evaluation data will be made by personnel of the OSU
6 Medical School."

7 Is that typical of performing a fitness
8 for duty evaluation, that the referring entity would
9 make decisions?

10 A Typically, yeah, it gets the psychologist
11 off the hook --

12 Q So there any --

13 A -- psychologists provide psychological
14 data.

15 Q So do you have any issue with her stating
16 that the decisions would be made by the personnel of
17 the OSU Medical School?

18 A Only that she tended to cross that line
19 when she eventually told them that he was not fit to
20 practice medicine.

21 Q When you perform a fitness for duty
22 evaluation in your practice, do you make a
23 determination of whether that individual is fit for
24 duty or not fit for duty?

25 A No.

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1 A No, no. I was hired to do -- I was hired
2 to do a critique of Dr. Barnes' report.

3 Q Okay. So you are not in a position to
4 testify as to why the ultimate decision was made
5 that Dr. Snyder was not to provide medical treatment
6 to patients, are you?

7 A No.

8 Q Okay.

9 A No, and I haven't ever said that I did
10 either.

11 Q I just wanted to clarify that.

12 A Okay.

13 Q All right. So moving on to the testing
14 portion of your report, it starts on page 15, you
15 discuss the MMPI-2-RF profile. Did you review the
16 results of that test?

17 A Yes.

18 Q And what was your opinion as to any issues
19 related to Dr. Snyder based on the results of that
20 test?

21 A I didn't have any based on that test.
22 That's a very good test, it's well researched and
23 she reported what that test -- data from that test,
24 which is very specific, she reported that
25 accurately.

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1 entity did not understand the nature of the testing
2 result report findings?

3 A I can't attest to what other people
4 understood.

5 Q Back to your report on page 17, that last
6 paragraph, we're now under Dr. Barnes' conclusions,
7 down there at the bottom of that paragraph you
8 state, "She did not identify other plausible
9 interpretations, such as the presence of a
10 significant clinical anxiety disorder or a social
11 anxiety disorder that may affect the examinee's
12 judgment."

13 Are you aware of Dr. Snyder having any
14 significant clinical anxiety disorder or social
15 anxiety disorder that may affect his judgment?

16 A What was the first part of that?

17 Q Are you aware of Dr. Snyder having a
18 significant clinical anxiety disorder or a social
19 anxiety disorder that may affect his judgment?

20 A I'm just -- based on what -- I'm just
21 looking at what her testing was that suggests that
22 there may be other alternatives that she didn't
23 identify.

24 Q But is there any evidence based support
25 for this statement that that was a plausible

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1 Q So do you agree that, based on what you
2 have reviewed, it's plausible that Dr. Snyder has a
3 significant clinical anxiety disorder or a social
4 anxiety disorder that may affect his judgment?

5 MS. TALBERT: Form.

6 THE WITNESS: I'm not attesting to that.
7 I'm suggesting that there are other -- giving an
8 example of other plausible alternatives.

9 Q (BY MR. HALL) You believe that that's a
10 plausible alternative?

11 A That's a possible plausible alternative.

12 Q Okay. Going on to page 18 of your report,
13 the last sentence, where you quote from OMPE
14 Guideline 10, it's referring to collateral sources
15 and then in the parentheses it states, "Coworker and
16 supervisor interviews, background check of examinee,
17 end parentheses, are considered essential."

18 Would you agree that she performed a
19 background check using OSCN to look into Dr. Snyder?

20 A She certainly did.

21 Q Earlier you testified that she did not
22 require a release to speak with Dr. Snyder's
23 supervisor, correct?

24 A Correct.

25 Q The next paragraph, second sentence

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1 MS. TALBERT: Okay.

2 (Break taken from 12:56 p.m. to 1:06 p.m.)

3 MR. HALL: Dr. Hand, we're back on the
4 record. I don't have any further questions at this
5 time. I'll pass the witness.

6 MS. MCDUFFEY: Pass the witness.

7 MS. VELANDIA: Pass the witness.

8 MS. TALBERT: Phone people?

9 MR. HALL: Do y'all want to get on the
10 record that y'all don't have any questions on the
11 phone or you want me to just speak for everybody?

12 MS. RAY: You can speak for me, we don't
13 have any questions.

14 MR. HALL: Well, I can confirm after
15 speaking with defense counsel that no one on the
16 phone has any questions.

17 MS. TALBERT: I have some questions for
18 you.

19 THE WITNESS: Okay.

20 CROSS-EXAMINATION

21 BY MS. TALBERT:

22 Q So you stated -- the gist of what I'm
23 understanding is that the reason you used the
24 guidelines in your report instead of the standards
25 is because they're more specific?

1 A That's correct.

2 Q Is that accurate?

3 A That's correct.

4 Q Okay. You're not saying that Dr. Barnes
5 didn't violate the mandatory standards?

6 A I think she violated mandatory standards.

7 Q Okay. I want to go through some of the
8 standards, and I know we talked a lot about 2.01,
9 the boundary of competence.

10 A Yes.

11 Q Okay. And my understanding of your
12 testimony, and correct me if I'm wrong, is that her
13 conduct as a whole violated 2.01?

14 A Yeah, that's --

15 MR. WHATLEY: Object to the form of the
16 question.

17 Q (BY MS. TALBERT) You can answer.

18 A That's what I've been saying --

19 Q Okay.

20 A -- that these specifics that I've talked
21 about collectively address a variety of the issues
22 and standards and one of them is competence.

23 Q Okay. What other standards within the
24 ethical principles did she violate, in your opinion?

25 A Well, one was 3.07, third-party request

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1 for services, "When psychologists agree to provide
2 services to a person or entity at the request of a
3 third party, psychologists attempt to clarify at the
4 outset of the service the nature of the relationship
5 with all individuals or organizations involved.
6 This clarification includes the role of the
7 psychologist and identification of who is the
8 client, the probable uses of services provided or
9 the information obtained and the fact that there may
10 be limits to confidentiality."

11 I didn't see any documentation in the
12 records that I saw that convinced me that she was
13 able to document that she did, you know, met the
14 standard of 3.07.

15 Q And it's not in her informed consent
16 either, correct?

17 A No, it's not.

18 Q What other standards -- is there a delay?
19 What other standards do you think
20 Dr. Barnes violated?

21 A I think that she violated the informed
22 consent standard, especially Part D, "Psychologists
23 appropriately document written or oral consent,
24 permission and ascent." I saw a variety of problems
25 in the consent that she provided and she didn't do

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1 it in the first place and she had a responsibility
2 to do that.

3 Q Okay.

4 MR. HALL: If I can, Dr. Hand, what
5 provision are you referring to right now?

6 THE WITNESS: 3.10, Section D at the
7 bottom of that, 3.10, Informed Consent, Section D,
8 toward the bottom of those paragraphs.

9 MR. HALL: Thank you.

10 Q (BY MS. TALBERT) And in regards to 3.10, it
11 talks about, you know, the informed consent should
12 use language that's reasonably understandable to the
13 person, do you think this informed consent, do you
14 think Dr. Snyder could reasonably understand the
15 scope of what she was going to do, based on her
16 informed consent?

17 MR. HALL: Form.

18 THE WITNESS: No.

19 Q (BY MS. TALBERT) Okay. So you think that
20 was a violation also, correct?

21 MR. HALL: Form.

22 THE WITNESS: She didn't explain fully
23 what she was going to do.

24 Q (BY MS. TALBERT) Okay. What other
25 standards do you feel like Dr. Barnes violated?

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1 A I think 4.02, Discussing the Limits of
2 Confidentiality, "Psychologists discuss with persons
3 including, to the extent feasible, persons who are
4 legally incapable of giving informed consent and
5 their legal representatives and organizations with
6 whom they establish the scientific or professional
7 relationship the relevant limits of confidentiality,
8 the foreseeable uses of information generated
9 through their psychological activities." I think
10 her discussion was inadequate.

11 Q Okay. So that was 4.02, correct?

12 A Correct.

13 Q Okay. What other standards?

14 A 4.04, Minimizing Intrusions on Privacy.
15 "Psychologists include written and oral reports and
16 consultation only information germane to the purpose
17 for which the communication is made."

18 She included a lot of private information
19 testing results that were not relevant to what she
20 purported to do in terms of a fitness for duty
21 evaluation, a lot of speculative use of data from
22 the testing that shouldn't have been in a fitness
23 for duty report.

24 Q Okay. Are there more standards that you
25 feel that she violated?

1 A Well, then there's 9.03, it's more
2 informed consent and assessments. One purpose of
3 the testing is to -- if one person is -- let's see,
4 you have to look at the whole thing, but it's 9.03
5 and I'm looking specifically to the line, "Informed
6 consent includes an explanation of the nature and
7 purpose of the assessment, fees, involvement of
8 third parties and limits of confidentiality and
9 sufficient opportunity for the patient to ask
10 questions and receive answers." It was clear to me
11 that her informed consent didn't meet that criteria.

12 Q Okay. So that's a violation also,
13 correct?

14 MR. HALL: Form.

15 THE WITNESS: I believe it is.

16 Q (BY MS. TALBERT) Are there any other
17 standards that you feel like she violated, "she"
18 being Dr. Barnes?

19 A Yes, 9.09, "Psychologists retain
20 responsibility," point C, "psychologists retain
21 responsibility for the appropriate application,
22 interpretation and use of assessment instruments,
23 whether they score and interpret such tests
24 themselves or use automated or other services." And
25 I think the appropriate application part of that is

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1 the violation when she repeated verbatim paragraphs
2 from a computerized report that she did not identify
3 as such.

4 Q Okay. Any other ones?

5 A The, "Explaining assessment results,
6 regardless of whether the scoring or interpretation
7 are done by psychologists or employees or assistants
8 or by automated or other outside services,
9 psychologists take reasonable steps to ensure the
10 explanation of results are given to the individual
11 or designated representative, unless the nature of
12 the relationship precludes provision of an
13 explanation of results, such as in some
14 organizational consulting, pre-employment or
15 security screenings and forensic evaluations and
16 this fact has been clearly explained to the person
17 being assessed in advance." And I didn't see any
18 explanations or evidence in the report that I saw
19 that that explanation -- those explanations were
20 being made in advance.

21 Q There were conversations before about the
22 informed consent and how it didn't specifically
23 state whether or not Dr. Snyder would receive a copy
24 of the report or receive the results of his
25 assessment, is that what you're talking about in

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1 terms of, "This fact has been clearly explained to
2 the person assessed in advance"?

3 MR. HALL: Form.

4 THE WITNESS: Yes.

5 Q (BY MS. TALBERT) So it's not just the
6 guidelines that she violated, it's also based on
7 these standards in this specific case, correct?

8 MS. MCDUFFEY: Object to form.

9 MR. HALL: Form.

10 THE WITNESS: The guidelines and standards
11 work together and in this particular case the
12 guidelines help explicate those standards were not
13 met and why they're violations of those standards.

14 MS. TALBERT: Let me just see what else I
15 got.

16 I don't have any other further questions.

17 MR. HALL: I have some follow-ups.

18 REDIRECT-EXAMINATION

19 BY MR. HALL:

20 Q First question is, why didn't you include
21 the standards that you say that Dr. Barnes violated
22 in your report?

23 A I thought that the specifics of this
24 situation, this particular case, really demanded a
25 look at details and the -- and I believed that the

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1 occupationally mandated guidelines provided an
2 opportunity to assess those details and I believe
3 that those details relate to those standards that I
4 just mentioned.

5 Q Are you of the opinions that the ethical
6 principles promulgated by the American Psychological
7 Associate are deficient?

8 MS. TALBERT: Form.

9 THE WITNESS: Obviously they require some
10 explanation and one of the ways that the ethics are
11 used -- ethics are taught are to describe specific
12 situations, such as this, that relate to broad -- or
13 those specific ethical violations, it's clear to me
14 that these standards do relate to -- have been
15 violated and relate to the specific issues noted in
16 the occupationally mandated guidelines and the
17 deficiencies in Dr. Barnes' report and her informed
18 consent.

19 Q (BY MR. HALL) Do the guidelines go above
20 and beyond what is required under the ethical
21 principles?

22 A I think some do and some don't. I think
23 some specifically relate to the principles and some
24 ask for -- look at best practices, but there's
25 nothing best practices about what some of these